

Determination of the Health Perception of Vocational School of Health Services Students

Sağlık Hizmetleri Meslek Yüksekokulu Öğrencilerinin Sağlık Algularının Belirlenmesi

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ABSTRACT

The subjective perception of an individual's overall health, termed "health perception," serves as a critical measurement in health evaluations. This study aimed to ascertain the health perception of vocational school of health services students. Comprising a descriptive design, the study had a sample size of 380 students and employed the "Health Perception Scale (HPS)" for data collection. In evaluating the data, methods such as percentage, mean, standard deviation, Student T test, one-way ANOVA, and Pearson correlation analysis were utilized. The student demographic revealed that 81.3% were females, with an average age of 19.96 ± 1.40 years, and 77.9% hailed from nuclear families. Department-wise, 21.8% were enrolled in first and emergency aid, 17.6% in physiotherapy, and in terms of year of study, 51.6% were in their second year. Additionally, 26.1% of the students reported engaging in online health-related research. The overarching finding was that scores across all sub-dimensions of the HPS were moderate. Specifically, female students displayed significantly higher scores in both the overall health perception and the importance of health sub-dimension. In light of the findings, it is advocated that academic curricula be augmented with elective courses tailored to this domain. Students' health perceptions are at a medium level. Structured training and counseling initiatives should be implemented to elevate the students' health perceptions.

Keywords: Health vocational school; Health perception; University student.

Introduction

Health perception, a subjective assessment of an individual's overall health, is a frequently utilized metric in public health evaluations (1). This perception is multifactorial, offering insights into individuals' physical, mental, and social well-being (2,3). It encapsulates an individual's

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ÖZ

Bireyin genel sağlığına ilişkin subjektif algısı olan sağlık algısı, sağlığın değerlendirilmesinde yaygın olarak kullanılan bir ölçümdür. Çalışma, sağlık hizmetleri meslek yüksekokulu öğrencilerinin sağlık algularının belirlenmesi amacıyla yapıldı. Tanımlayıcı tipte olan çalışmanın örneklemini 380 öğrenci oluşturdu. Veriler, "Sağlık Algısı Ölçeği (SAÖ)" ile elde edildi. Veriler yüzde, ortalama, standart sapma Student T testi, Tek Yönlü ANOVA ve Pearson korelasyon analizleri ile değerlendirildi. Çalışmaya katılan öğrencilerin %81.3'ü kadın, yaş ortalamaları 19.96 ± 1.40 ve %77.9'u çekirdek ailedir. Öğrencilerin %21.8'i ilk ve acil yardım, %17.6'sı fizyoterapi bölümü ve %51.6'sı 2 sınıf öğrencisidir. Sağlıkla ilgili online araştırma yapma oranı %26.1'dir. Öğrencilerin Sağlık algısı ölçeği toplam ve tüm alt boyutları orta düzeyde saptandı. Kadınlarda sağlık algısı toplam puan ve sağlığın önemi altboyutu anlamlı olarak yüksek bulundu. Öğrencilerin sağlık algıları orta düzeydedir. Öğrencilerin sağlık algısını arttırmak için ders müfredatlarına seçmeli derslerin eklenmesi, eğitim ve danışmanlık programlarının düzenlenmesi önerilmektedir.

Anahtar Kelimeler: Sağlık meslek yüksekokulu; Sağlık algısı; Üniversite öğrencisi.

feelings, beliefs, biases, apprehensions, and expectations regarding their own health (4). Factors such as gender, age, education level, marital status, place of residence, occupation, income, and employment status influence health perception (2,4).

Health perception plays a pivotal role in determining whether individuals adopt health-protective and health-promoting behaviors. Research indicates a correlation between health perception and the adoption of healthy lifestyle practices (4,5). A study by Tunç and colleagues (2021) revealed that students with a positive health perception were more inclined towards

healthy lifestyle behaviors (6). Nevertheless, evidence suggests that health perception, which influences these behaviors, tends to be low or moderate among university students (2,4,6).

It has been posited that a heightened health perception among students fosters a positive health mindset and encourages them to perceive their current and future health favorably (7). Notably, the university phase represents a vulnerable period where students often establish health-related behaviors that could influence their entire lifespan (8). Health habits formed early in life can resonate into adulthood and beyond (9). Yet, contemporary literature indicates a troubling rise in the prevalence of poor and imbalanced nutrition (10) and smoking (11-13). Concurrently, there's a marked decline in engagement with physical activity and exercise (14). Empirical evidence suggests that an individual's perceived health influences lifestyle choices. Specifically, a positive health perception correlates with healthier eating habits (15,16) and increased involvement in physical activities or sports (2,17).

Given these observations, it's crucial to assess students' health perceptions, supporting their adoption of healthy lifestyle behaviors. This understanding aids in safeguarding their health and incentivizing shifts away from detrimental health practices. Interventions to bolster their positive health perspectives are equally significant. As the prospective health professionals of tomorrow, nurturing their health perceptions is essential, positioning them as exemplary figures and champions for cultivating healthy lifestyles within the community.

Materials and Methods

Purpose and type of research

The objective of this descriptive study is to assess the health perceptions of vocational school of health services students.

Population and sample of the study

The study's population comprised 619 students from the 1st and 2nd year of the Anesthesia,

First and Emergency Aid, Elderly Care, Medical Laboratory, and Physiotherapy programs at the Vocational School of Health Services of a university. The study did not employ sampling and sought to encompass the entire population. When the frequency of occurrence of the event was taken as 50% in order to obtain the maximum sample size in the sample selection, the sample size for the research was calculated as $n: 238$ for $p: 0.50$, $t: 5$, $d: 0.05$. The calculation was made using Raosoft Sample Size Calculator Program. No sample selection was made and it was aimed for all students to participate. The study was completed with a total of 380 students who agreed to participate voluntarily.

The data were collected between September-October 2023. Data were gathered using an online questionnaire hosted on Google Forms, which was accessible from any device. The link to the survey was disseminated to students through WhatsApp and email. Only students who provided their "Informed Consent" online and expressed a willingness to participate were included in the study.

Collection and Analysis of Data

Data Collection Tools

The data were collected using the "Descriptive Form" and "Health Perception Scale".

Descriptive form: The questionnaire comprised 8 questions, capturing personal details of the students, including age, gender, and monthly income.

Health perception scale:

The "Health Perception Scale," devised by Diamond et al. (2007), is a five-point Likert-type instrument originally designed in English (18). The reliability and validity of its Turkish version were validated by Kadioğlu and Yıldız (2012). The scale encompasses 15 items segmented into four sub-dimensions. Items 1, 5, 9, 10, 11, and 14 are positively framed, while items 2, 3, 4, 6, 7, 8, 12, 13, and 15 are constructed negatively. Positive items are scored as: "Strongly agree = 5",

“Agree = 4”, “Neutral = 3”, “Disagree = 2”, and “Strongly disagree = 1”. Negative items, on the other hand, are scored in reverse. The potential score on the scale spans from a minimum of 15 to a maximum of 75.

The scale delineates four sub-dimensions: “Control Center,” “Self-Awareness,” “Certainty,” and “Importance of Health”. The “Control Center” dimension is gauged by items 2, 3, 4, 12, and 13; the “Certainty” dimension by items 6, 7, 8, and 15; the “Importance of Health” dimension by items 1, 9, and 11; and the “Self-Awareness” dimension by items 5, 10, and 14. The Cronbach Alpha reliability coefficient of the scale was previously reported as 0.77 (19). In this particular study, the Cronbach Alpha coefficient was determined to be 0.70.

Statistical Analysis

The SPSS 22 software package was employed for the statistical analysis of the data. Descriptive statistics were expressed using percentages, means, and standard deviations. It is stated that for a normal distribution, it is sufficient for the skewness and kurtosis coefficients to be between +1.50 and -1.50 (Tabachnick and Fidell, 2013). It was decided to use parametric tests in the ongoing analysis methods. The Student’s T-test was utilized to compare binary groups, while the One-Way ANOVA test was applied for the comparison of ternary groups. A significance level of $p < 0.05$ was deemed indicative of statistical significance.

Limitations

This study presents certain limitations. Firstly, its setting within a university confines its scope, making it non-representative of the broader population. Secondly, since the participants were enrolled in health-related programs, they might

exhibit healthier lifestyles and heightened health consciousness compared to their peers in the general population. As such, care should be taken when extrapolating these findings to the broader age group in question.

Result

Among the students who participated in the study, 81.3% were female and 18.7% were male, with an average age of 19.96 ± 1.40 years. When examining departmental distribution, 21.8% of students belonged to the First and Emergency Aid department, 20.5% to Anesthesia, 20.8% to Medical Laboratory, 17.6% to Physiotherapy, and 19.2% to Elderly Care. Regarding academic year, 48.4% were in their 1st year, while 51.6% were in their 2nd year. In terms of income, 27.4% had an income below the minimum wage, 40% earned the minimum wage, and 32.6% had an income above the minimum wage. As for family structure, 77.9% of students came from a nuclear family, 17.6% from an extended family, and 4.5% from a broken family. Only 26.1% of the students reported conducting online health research. The average scores derived from the scales are detailed in Table 1.

The overall scores from all sub-dimensions of the health perception scale were determined to be at a moderate level. Notably, the perception of the importance of health, as well as the overall health perception, were significantly higher in females ($p=0.006$, $p=0.003$). Factors such as class year, department, income level, family structure, and the tendency to conduct online health research did not yield a significant difference in scores, either overall or across sub-dimensions of the health perception scale. The analysis of the Health Perception Scale with independent variables is shown in Table 2.

Table 1. Mean Scores of the Participants from the Health Perception Scale, Rize-2023

	N	Minimum	Maximum	Mean	Std. Deviation
Control Center	380	5	25	15.98	3.88
Precision	380	4	20	11.84	2.99
Importance of health	380	3	15	11.19	2.20
Self-awareness	380	3	15	10.90	2.07
Health Perception Total Score	380	19	74	49.91	6.91

Table 2. Analysis of Mean Scores from the Health Perception Scale According to Some Independent Variables, Rize-2023

	n	Control Center		t* / F** p		Precision		t* / F** p		Importance of health		t* / F** p		Self-awareness		t* / F** p		Health Perception Total Score		t* / F** p
		X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss	X±ss		
Gender	Female	309	16.15±3.87	1.75*	11.95±2.94	1.51*	11.37±2.00	3.41*	10.94±1.99	.622*	50.40±6.56	2.94*								
	Male	71	15.25±3.90	.081	11.35±3.19	.131	10.39±2.78	.006	10.75±2.41	.535	47.75±7.96	.003								
Academic year	1st year	184	15.88±4.07	-.478*	11.89±2.97	.309*	11.09±2.31	-.811*	10.78±2.12	-1.140*	49.64±7.40	-.735*								
	2nd year	196	16.07±3.70	.633	11.79±3.02	.758	11.28±2.08	.418	11.02±2.03	.255	50.16±6.43	.462								
Departmen	First and emergencyaid	83	15.90±4.24	.545**	11.76±3.19	1.446**	11.31±2.52	.732**	11.00±2.13	1.074**	49.98±6.87	1.654**								
	Anesthesia	78	15.96±3.07		11.53±2.92		10.82±2.14		10.69±2.03		49.00±5.80									
	Medical Documentation	79	15.90±3.66	.703	12.04±2.75	.218	11.32±2.14	.571	11.20±1.80	.369	50.46±6.53	.160								
	Fizyoterapi	67	16.57±4.01		12.49±3.12		11.31±2.12		11.00±1.92		51.37±7.41									
	Elderly care	73	15.63±4.36		11.44±2.93		11.18±2.34		10.60±2.44		48.85±7.79									
Income	Below the minimum wage	104	15.54±3.91	2.099**	11.58±2.80	.700**	11.43±2.02	1.179**	10.97±2.04	.256**	49.52±7.33	.768**								
	The minimum wage	152	15.82±4.02	.124	11.84±3.12	.497	11.18±2.28	.309	10.81±2.10	.774	49.66±7.11	.464								
	Above the minimum wage	124	16.54±3.64		12.05±2.99		10.98±2.23		10.96±2.08		50.53±6.29									
Family structure	A nuclear family	296	15.94±3.91	.594**	11.88±3.02	.599**	11.25±2.23	1.973**	10.83±2.06	.776**	49.91±7.12	.107**								
	An extended family	67	16.33±3.72		11.52±2.73		10.76±2.11	.140	11.10±2.09		49.72±6.12									
	A broken family	17	15.24±4.05	.553	12.29±3.42	.550	11.76±1.64		11.29±2.28	.461	50.59±6.33	.898								
Conducting online health research	More than an hour a day	99	16.54±4.03	1.661*	11.81±3.20	-.111*	11.05±2.45	-.717*	10.84±2.27	-.357*	50.23±7.36	.547*								
	One hour a day	281	15.78±3.81	.098	11.85±2.92	.912	11.23±2.10	.474	10.93±2.00	.721	49.79±6.75	.442								

*Student t test. ** Anova test

Table 3. Linear Logistic Regression Analysis Between Health Perception and Gender, Rize 2023

Variables	B	S.E.	OR	95% C.I.for EXP(B)		p
				Min.	Max.	
Constant	47.746	.812		46.149	49.344	.000
Cinsiyet	2.655	.901	.15	.884	4.426	.003

In the regression analysis, it was seen that the independent variable of gender was a significant predictor of health perception. $R^2 = 0.02$, $F(1, 378) = 8.685$, $p = 0.003$. 0.2% of health perception can be explained by gender. Female students' health perception is 0.15 times higher than male students (Table 3).

Discussion

In the present study, we delved into the health perceptions of students enrolled in health-centric programs. Notably, prior knowledge was scant regarding the self-evaluation of health among associate vocational school of health services students within such disciplines. One might conventionally surmise that students rooted in health fields would manifest elevated health perceptions. However, the extant, albeit limited, literature involving this cohort suggests a divergence from this assumption. In the current study, the average total score on the Health Perception Scale (HPS) was found to be 49.91 ± 6.91 , situating it within a moderate range (Table 1). Analogous studies targeting students from health vocational schools yielded HPS mean scores of 50.61 ± 6.61 and 51.42 ± 7.20 , respectively (5,20,21). It is noteworthy to mention that the literature evidences fluctuating mean HPS scores, ranging between 40.7 ± 6.2 and 50.57 ± 4.60 , oscillating between low to moderate levels, regardless of whether students were from health-affiliated or other disciplines (6, 22, 4,23-25). The moderate findings of our study could potentially be attributed to our cohort being predominantly composed of students from health-focused disciplines. Paradoxically, the juxtaposition of their moderate health perceptions, despite their academic orientation towards health, could be postulated as a reflection of this age group's relatively subdued levels of health responsibility, as evidenced in contemporary research (26-28).

Collectively, these findings underscore a trend of students harboring tempered expectations and evaluations concerning their health. This accentuates the exigency of strategizing and operationalizing interventions within academic environments to bolster health-centric perceptions.

Upon evaluating the sub-dimensions of the Health Perception Scale (HPS), it was observed that the mean scores for the control center, certainty, importance of health, and self-awareness sub-dimensions were all situated within a moderate range. Of these, the control center sub-dimension registered the highest mean score, followed sequentially by certainty, importance of health, and self-awareness (Table 1). This dominance of the control center sub-dimension aligns with findings from previous research (4-5, 20, 22-25, 29). The control center sub-dimension critically assesses an individual's sense of autonomy over their health status and the extent to which they externalize their health attributions to factors beyond their control, such as luck or fate (19). From this perspective, the results hint that the students in this investigation might harbor a limited confidence in their ability to regulate their health. Interestingly, despite their academic inclination towards health disciplines, they appear hesitant in assuming comprehensive responsibility for their health. The comparatively lower score within the self-awareness sub-dimension intimates that students might not fully recognize the onus of their health-positive behaviors, such as engaging in exercise or adopting nutritious dietary habits, as being squarely on their shoulders. These outcomes underscore the potential value of tailored interventions aimed at enhancing students' health perceptions. Primarily, there's an evident need to amplify their self-awareness levels as a foundational step in this endeavor.

In the context of this study, among the sociodemographic attributes of the students, gender was the sole factor that demonstrated a significant relationship with the total score of the HPS (Table 2). Notably, the cumulative health perception score of female students surpassed that of their male counterparts. This observation is corroborated by a study undertaken by Kerkez and Kaplan (2023) involving health services vocational school students, wherein the total health perception score of female students was discernibly higher than that of males (21). A parallel trend was observed in a research project by Karaoglu et al., which assessed sociology and medical students, revealing a superior health perception among females compared to males (23). These findings underscore gender as a pivotal determinant in health perception. Numerous studies have illustrated that women generally gravitate more towards healthier nutritional choices compared to men and exhibit lower rates of smoking and alcohol consumption (30). This propensity towards healthier lifestyle choices and the minimization of risky health behaviors in women might contribute to their enhanced self-perception of health in comparison to men. However, it is essential to acknowledge the nuanced landscape of literature on this subject. While several studies echo the sentiment of gender playing a significant role in health perception, other investigations indicate an absence of a marked gender disparity in health perception scores (4-5,24,25). Such variability in findings might be attributed to factors like the academic department of the students, their year of study, or the sample size of the respective studies.

Conclusion and Suggestions

In summation of the research findings, the health perceptions of students were observed to be of a moderate level. Among the various dimensions assessed, the control center sub-dimension garnered the highest score, while self-awareness registered the lowest. The importance of health and perception of health were found to be significantly higher in women than in men. It is of paramount importance for students to harbor a positive health perception, facilitating

the integration of health-protective and health-promoting behaviors, thereby bolstering their overall health stature. Moreover, a robust health perception among students is poised to influence their future professional dispositions, enabling them to extend more informed and compassionate care to their clientele and the broader community in their capacity as healthcare professionals.

To equip students with the requisite acumen and proficiencies to critically assess and enhance their health perceptions, it is imperative to inculcate these foundational tenets during their tenure at the university (7). In light of this, there are strong recommendations to incorporate elective courses tailored to this domain within the academic curricula. Additionally, orchestrating training and counseling initiatives aimed at uplifting the health perception of vocational school attendees is advisable. These programs, it is suggested, should commence with initiatives centered on bolstering student self-awareness. Subsequently, these should be structured to buttress the recognition of the significance of health, the adoption of salutary choices conducive to health preservation and enhancement, and fostering a sense of control over one's health trajectory. Given the observed gender nuances in health perception, formulating gender-tailored strategies to address and enhance health perception is also highly advocated.

Ethical standart

Approval from the ethics committee was secured from the "Social and Human Sciences Ethics Committee" of a university, on 09/27/2023, under the reference number 2023/253.

Conflict of interest

The authors declare that they have no conflict of interest.

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